

Organizational Letterhead

[Date]

[Enrollee Name or Legal Guardian]
[Street Address]
[City, State, Zip]

Member Information

Member Name: [Patient Name]
Member DOB: [Patient DOB]
Medicaid ID: [Patient ID]

Denial of Payment to Provider

THIS IS NOT A BILL. YOU CANNOT BE BILLED FOR THE BALANCE OF ANY COVERED SERVICE.

Why am I getting this letter?	<p>You or your provider has asked [MCO name] to pay for [Specify medical services or treatment].</p> <p>A [MCO's name] representative has reviewed your claim and has denied the payment of [list services for which the MCO has denied payment].</p>
How did you make this decision?	<p>This decision is based on a review of the claim by [MCO representative and credentials].</p> <p>[Provide clear, full, and factual explanation of the reasons for denial. Include whether the benefit is covered, optional, or not covered, along with any responsibility the enrollee may have for payment. Examples of reasons for denial of payment include third-party liability, services from out-of-network providers, additional costs for optional services, and out-of-state services.]</p> <p>If you would like a free copy of any guideline, codes, records, benefit provision, protocol, or any document [MCO] used to make this decision, please call the [MCO Member Services] at 1-000-000-0000 or 1-000-000-0000 (TTY).</p>
Next Steps	<p>You may want to share a copy of this decision with your provider so you and your provider can discuss next steps. If your provider requested payment for these services, [MCO] has sent a copy of this decision to your provider.</p>
Questions or Need Help?	<p>Please read the Appeal and Grievance Rights attachment to learn more about your appeal rights. If your provider would like to talk to the [MCO] about this decision, please have them call 1-000-000-0000. If you have questions, you can call [MCO] at [MCO phone #] or the HealthChoice Help Line at 1-800-284-4510.</p>

Sincerely,

Model Notice 12
Notice of Denial of Payment (REVISED)

[MCO Designee]

[MCO]

cc: Requesting Provider
Primary Care Provider

Enclosures

Appeal and Grievance Rights

Non-Discrimination Statement

Language Accessibility Statement

Appeal and Grievance Rights

What is an appeal? An appeal is a review by the MCO or the Maryland Department of Health (the Department) when you are dissatisfied with a decision that impacts your care.

Why would I appeal? Examples of reasons to file an appeal include:

- [MCO] denies covering a service your provider orders/prescribes for you. The reasons a service might be denied include:
 - The treatment is not needed for your condition, or would not help you in diagnosing your condition.
 - Another more effective service could be provided instead.
 - The service could be offered in a more appropriate setting, such as a provider's office instead of the hospital.
 - [MCO] limits, reduces, suspends, or stops a service that you are already receiving. For example:
 - You have been getting physical therapy for a hip injury and you have reached the frequency of physical therapy visits allowed.
 - You have been prescribed a medication, it runs out, and you do not receive any more refills for the medication.
 - [MCO] denies all or part of payment for a service you've received.
 - [MCO] fails to provide services in a timely manner, as defined by the Department (for example, it takes too long to authorize a service you or your provider requested).
 - [MCO] denies your request to speed up (or expedite) the resolution about a medical issue.
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What is a grievance? A grievance is when you express dissatisfaction with your [MCO] or provider.

Why would I file a grievance? **You may file either an administrative or medical grievance.**

Examples of reasons to file an administrative grievance include:

- Your provider's office was dirty, understaffed, or difficult to access.
- The provider was rude or unprofessional.
- You cannot find a conveniently located provider for your health care needs.
- You are dissatisfied with the help you received from your provider's staff or [MCO].

Examples of reasons to file a medical grievance include:

- You are having issues with filling your prescriptions or contacting your provider.
 - You do not feel you are receiving the right care for your condition.
 - [MCO] is taking too long to resolve your appeal or grievance about a medical issue.
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- [MCO] denies your request to expedite your appeal about a medical issue.

Filing an Appeal

How do I appeal to [MCO]?

You or your authorized representative may appeal [MCO]'s decision within 60 days from the date of the denial notice **by calling** 1-000-000-0000 or **writing** to [MCO Representative], [MCO], [Street, Suite], [City, State, Zip Code]. [MCO] will send you a notice to confirm receipt of the appeal. **If you would like assistance from the Department with appealing to [MCO]**, call the HealthChoice Help Line at 1-800-284-4510.

What is an authorized representative?

An authorized representative is someone who has written permission to act or speak on your behalf, like a family member, a provider, or a lawyer. You can also represent yourself in the appeal. [MCO] will accept any written documentation, signed and dated by you, stating that you intend to name an authorized representative for your appeal.

How do I get the information the MCO used to make its decision?

Your denial notice will explain how [MCO] made its decision, including the information it considered. You may request any of the following information from [MCO], free of charge, to help with your appeal by calling [MCO] at 1-000-000-0000:

- Your medical records
- Any benefit provision, guideline, protocol, or criterion [MCO] used to make its decision
- Oral interpretation and written translation assistance
- Assistance with filling out [MCO]'s appeal forms

You may also call the HealthChoice Help Line at 1-800-284-4510 for help with filing a stronger appeal, seeking care alternatives, and learning about your rights and responsibilities.

How long will [MCO] take to resolve my appeal?

[MCO] will make a decision within 30 days from the date you appeal.

You or the MCO may ask for up to 14 additional days to gather information to resolve the appeal. If the MCO requests an extension, the MCO will send you a letter and call you and your provider. If you need more time to gather information to help [MCO] make a decision, your or your representative may call [MCO] at 1-000-000-0000 and ask for an extension.

How can I receive a faster decision on my appeal?

You can receive a faster decision if your provider tells [MCO] you have an emergency medical condition. Ask your provider to call [MCO phone #] for an expedited review. If [MCO] agrees to an expedited review, [MCO] will call you or your provider within 24 hours of the decision to expedite and resolve the appeal within 72 hours. If [MCO] denies your expedited review request, [MCO] will call you and your provider and resolve the appeal in 30 days.

How can I request a State fair hearing if I disagree with the result of my MCO appeal?

A State fair hearing is a review of your appeal by a representative of Maryland. You have the right to request a State fair hearing within 120 days of [MCO] making a decision about the appeal, if you disagree with the result. You can also request a State fair hearing if [MCO] does not resolve your appeal by the decision date on your notice.

To learn more about State fair hearings and your options, please call the HealthChoice Help Line at 1-800-284-4510.

Can I continue receiving services during an appeal or State fair hearing?

If the MCO's decision terminates, suspends, or reduces ongoing services, you may be able to continue receiving services during the appeal and State fair hearing process.

Call [MCO name] at [MCO phone number] within 10 days of getting the MCO denial letter to file an appeal and request that your services continue.

Call the HealthChoice Help Line at 1-800-284-4510 within 10 days of getting the MCO appeal decision letter to request a State fair hearing and to continue receiving services.

Note: If [MCO] or the Department upholds the appeal decision, you may have to pay for the services you received.

Filing a Grievance

How do I file a grievance?

You can file a grievance with [MCO] or the Department.

To file a grievance with [MCO], call 1-000-000-0000 or write to [MCO Representative], [MCO], [Street, Suite], [City, State, Zip Code]. [MCO] will confirm the grievance in writing and send you a notice when it is resolved.

To file a grievance with the Department, call the HealthChoice Help Line at 1-800-284-4510. A representative will assist you.

When can I file a grievance?

You may file a grievance at any time.

How long does it take to resolve a grievance?

For administrative grievances, you will receive a resolution no later than 30 days from the date of filing your grievance. For medical grievances, you will receive a resolution within 24 hours if it is an emergency and within 5 days if it is not an emergency.

When necessary, [MCO] may ask for up to 14 additional days. If [MCO] needs more time, [MCO] will notify you.
